

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<i>Attorney Docket No.</i>	1870 DIV CON
<i>First Inventor</i>	Robert D. Rehnke, M.D.
<i>Title</i>	Method for Surgical Dissection, Sizing and Expansion
<i>Express Mail Label No.</i>	ET 710029396 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages **13**]
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets **5**]
5. Oath or Declaration [Total Sheets **1**]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:
 Commissioner for Patents
 Mail Stop Patent Application
 P.O. Box 1450
 Alexandria VA 22313-1450

 PRO
 18846 U.S.
 10/614763
 07/06/03

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Reader Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. Paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1499 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other: ASSOCIATE POWER OF ATTORNEY & 3 MO EXTENSION OF TIME

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: **09/525,599**

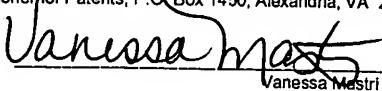
Prior application information: Examiner **William Matthews** Art Unit: **3738**
 For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			OR	<input checked="" type="checkbox"/> Correspondence address below
Name	Kimberly V. Perry, Esq.				
Address	U.S. Surgical, A Division of Tyco Healthcare Group, LP				
City	Norwalk	State	Connecticut	Zip Code	06856
Country	US	Telephone	203-845-4562	Fax	203-845-4266
Name (Print/Type)	Kimberly V. Perry, Esq.	Registration No. (Attorney/Agent)	43,612		
Signature			Date	7/8/03	

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number ET 710029396 US

addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: **7/8/03**

 Vanessa Mastri

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,680.00)

Compl t if Known	
Application Number	To Be Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Robert D. Rehnke, M.D.
Examiner Name	Unknown
Art Unit	Unknown
Attorney Docket No.	1870 DIV CON

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	U.S. Surgical
Deposit Account Name	21-0550

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	750.00
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$ 750.00)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
1	-20** = 0	X 18	= 0.00
Independent Claims	1	- 3** = 0	X 84 = 0.00
Multiple Dependent		280	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description
1051 130	2051 65	Surcharge - late filing fee or oath		
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet		
1053 130	1053 130	Non-English specification		
1812 2,520	1812 2,520	For filing a request for ex parte reexamination		
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action		
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action		
1251 110	2251 55	Extension for reply within first month		
1252 410	2252 205	Extension for reply within second month		
1253 930	2253 465	Extension for reply within third month		
1254 1,450	2254 725	Extension for reply within fourth month		
1255 1,970	2255 985	Extension for reply within fifth month		
1401 320	2401 160	Notice of Appeal		
1402 320	2402 160	Filing a brief in support of an appeal		
1403 280	2403 140	Request for oral hearing		
1451 1,510	1451 1,510	Petition to institute a public use proceeding		
1452 110	2452 55	Petition to revive - unavoidable		
1453 1,300	2453 650	Petition to revive - unintentional		
1501 1,300	2501 650	Utility issue fee (or reissue)		
1502 470	2502 235	Design issue fee		
1503 630	2503 315	Plant issue fee		
1460 130	1460 130	Petitions to the Commissioner		
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)		
1806 180	1806 180	Submission of Information Disclosure Stmt		
8021 40	8021 40	Recording each patent assignment per property (times number of properties)		
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))		
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))		
1801 750	2801 375	Request for Continued Examination (RCE)		
1802 900	1802 900	Request for expedited examination of a design application		

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 930.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Kimberly V. Perry	Registration No. (Attorney/Agent)	43,612	Telephone	203-845-4562
Signature		Date	7/18/03		

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number ET 710029396 US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated:

7/18/03



Vanessa Mastri

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Robert D. Rehnke, M.D.
Examiner: To Be Assigned Group Art Unit: To Be Assigned
Serial No: To Be Assigned Filed: Concurrently Herewith
For: **METHOD FOR SURGICAL DISSECTION, SIZING
AND EXPANSION**

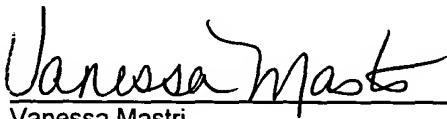
CERTIFICATE OF EXPRESS MAILING

"Express Mail" Mailing Label No.: ET 710029396 US
Date of Deposit: July 8, 2003

I hereby certify that the following:

- This Certificate of Express Mailing
- Utility Application Transmittal letter
- Three Month Extension of Time
- Fee Transmittal
- A patent application consisting of 13 pages
of abstract, specification and claims
- 5 sheets of [x] formal [] informal drawings
- Copy of Declaration from Parent Application
- Associate Power of Attorney
- Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Vanessa Mastri
Vanessa Mastri

United States Surgical, a division of
TYCO HEALTHCARE GROUP LP
150 Glover Avenue
Norwalk, CT 06856
(203) 845-1172